PART B - FEE(S) TRANSMITTAL

Complete and send the	his form, together w	th applicable f					
A LOZZIN LOZZIO LO CONT.			or	<u>Fax</u>	(703) 746-4000		· · · · · · · · · · · · · · · · · · ·
indicated the corrected by maintenance fee notification	m should be used for tra respondence including the below or directed otherwis is.	Patent, advance or in Block 1, by (a	ders and not specifying	PUBLIC tification a new c	CATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks 1 through 5 will be mailed to the currer; and/or (b) indicating a se	should be completed where at correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 fo	rany change of address)			Note: A certificate of Fee(s) Transmittal. The papers. Each additions	mailing can only be used its certificate cannot be used al paper, such as an assignm	for domestic mailings of the for any other accompanying nent or formal drawing, must
	90 05/12/2005				have its own certificat	e of mailing or transmission	,
Albert S Penilla, I Martine & Penilla I 710 Lakeway Drive Suite 170	LLP				Cel I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	rtificate of Mailing or Trains Fee(s) Transmittal is being with sufficient postage for fl Stop ISSUE FEE addres TO (703) 746-4000, on the	nsmission ng deposited with the United irst class mail in an envelope is above, or being facsimile date indicated below.
Sunnyvale, CA 940	85				Michael		(Depositor's name)
08/16/2005					niel	work	(Signature)
	ELR3 00000086 096140	65			August	11, 2005	(Date)
APPEICATERONIO.		IV. UU OD	FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/614,065	07/11/2000	10.00 pp	Wayn	e Ihde		ADAPP136	1393
TITLE OF INVENTION: MI	ETHODS FOR OPTICAL	DISC SECTOR VE	RIFICATIO	N 			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	risional NO \$140		\$0		\$0	\$1400	08/12/2005
EXAMINER		ART UNIT		CL	ASS-SUBCLASS		
BATTAGLIA,	MICHAEL V	2652			369-054000		
1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12: "Fee Address" indication PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
(A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion of E	low, no assignee dof this form is NOT	ata will app a substitute	ear on the	• • •		document has been filed for
Sonic Solution	ıs		Novat	to;	California		
Please check the appropriate a	assignee category or categor	ies (will not be prir	nted on the pa	atent):	☐ Individual ☐ Co	orporation or other private gr	roup entity Government
4a. The following fee(s) are e		. (Payment of A check i	٠,	ount of the fee(s) is en	closed.	
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0805 (enclose an extra copy of this form).				
5. Change in Entity Status (i	from status indicated above		Deposit Acco	ount Nun	nber <u>50-0805</u>	(enclose an extra c	copy of this form).
	ALL ENTITY status. See 3					L ENTITY status. See 37 C	
The Director of the USPTO is NOTE: The Issue Fee and Pub interest as shown by the record	requested to apply the Issu blication Fee (if required) w ds of the United States Pate	e Fee and Publication ill not be accepted in and Trademark C	on Fee (if an from anyone office.	y) or to r other th	e-apply any previously an the applicant; a regi	y paid issue fee to the applications paid issue fee to the application paid is paid in paid in paid is paid in paid in paid is paid in	ation identified above. he assignee or other party in
Authorized Signature	Mulu)	M			Date	August 11, 200	5
Typed or printed name	Michael K. Hs	***************************************			Registration :		<u> </u>
This collection of information an application. Confidentiality submitting the completed app this form and/or suggestions f Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14	is required by 37 CFR 1.31 is governed by 35 U.S.C. lication form to the USPTC or reducing this burden, she a 22313-1450. DO NOT S 150.	1. The information 122 and 37 CFR 1. D. Time will vary d buld be sent to the C END FEES OR CO	is required to 14. This collepending up Chief InformomPLETED	o obtain lection is on the in ation Of FORMS	or retain a benefit by the estimated to take 12 n dividual case. Any conficer, U.S. Patent and TO THIS ADDRESS	ne public which is to file (an ninutes to complete, includi mments on the amount of ti Trademark Office, U.S. Dep . SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.